

**FALL PRE-SCHOOL PROGRAM - 9:30-12:30**      **Rec'd**      **No**      **#**

**PLEASE PRINT ALL INFORMATION**

**NAME OF PARTICIPANT:** \_\_\_\_\_ **FEE: \$ 375.00**

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **BOY or GIRL**      **CASH OR CHECK**

**ADDRESS:** \_\_\_\_\_ **Payable To:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WESTWOOD RECREATION**

**PARENTS FIRST NAMES:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**WORK PHONE:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**CELL PHONE NUMBERS:** Mother \_\_\_\_\_ Father \_\_\_\_\_

**Parents E-mail addresses (for office use only)** \_\_\_\_\_

**EMERGENCY NAME (someone other than parent) & PHONE #:** \_\_\_\_\_

**LAST NAME OF PARENT IF DIFFERENT THAN CHILD:** \_\_\_\_\_

**Are there medical conditions/medications/allergies/special situations of which we should be aware?**

**NO YES Please detail:** \_\_\_\_\_

**THIS FORM WITH PAYMENT MUST BE SUBMITTED TODAY IN ORDER TO BE VALID**

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